



THE COMMONWEALTH OF MASSACHUSETTS  
Department of Labor & Workforce Development  
Division of Occupational Safety  
399 Washington Street, 5<sup>th</sup> Floor  
Boston, MA 02108  
(617)727-7047 (800) 425-0004 (MA Only)  
Fax (617)727-7568  
Homepage: [www.state.ma.us/dos](http://www.state.ma.us/dos)

APPLICATION FOR CERTIFICATION AS A  
**LEAD TRAINING  
PROVIDER**  
(In accordance with the provisions of  
M.G.L. c. 111, §. 189A-199B and 454 CMR 22.00)

**- FOR DOS USE ONLY -**

☐ Initial Application

☐ Renewal Application

☐ Duplicate Application

Certification # \_\_\_\_\_

Issue Date \_\_\_\_\_

Reviewer \_\_\_\_\_

**-CHECK ALL THAT APPLY-**

Worker Initial	Worker Refresher	Spanish Worker Initial
Contractor/Supervisor Initial	Contractor/Supervisor Refresher	Spanish Worker Refresher
LeadSafe Renovator Contractor/Supervisor Initial	LeadSafe Renovator Contractor/Supervisor Refresher	

Please complete all sections below by printing or typing the required information, attaching all required documentation and signing the application.

**1. APPLICANT**

Company Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Website Address www. \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Business Location(Street) \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

World Wide Web Address \_\_\_\_\_

FEDERAL IDENTIFICATION NUMBER \_\_\_\_\_

**2. THE APPLICANT IS:**

<input type="checkbox"/>	An Individual/Sole Proprietorship	<input type="checkbox"/>	An Unincorporated Association
<input type="checkbox"/>	A Corporation	<input type="checkbox"/>	A Partnership
<input type="checkbox"/>	A Limited Liability Company	<input type="checkbox"/>	Other (Specify)

**3. LIST ALL NAMES UNDER WHICH APPLICANT CONDUCTS OR INTENDS TO CONDUCT TRAINING**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. ATTACHMENTS TO BE SUBMITTED WITH THE APPLICATION:

- a. \_\_\_\_\_ List of training courses per 454 CMR 22.00 which applicant intends to offer and seeks certification to conduct, including both initial and refresher training courses.
- b. \_\_\_\_\_ An outline of each training course, indicating topics to be covered and the amount of time to be given to each topic.
- c. \_\_\_\_\_ A copy of each course manual including all printed material to be distributed in the course.
- d. \_\_\_\_\_ A description of teaching methods to be employed, including a description of audiovisual aids to be used.
- e. \_\_\_\_\_ A description of the hands-on activities to be utilized, including protocols for instruction, the number of students to be accommodated, and the number of instructors.
- f. \_\_\_\_\_ A description of the equipment that will be used in classroom lectures and in hands-on training.
- g. \_\_\_\_\_ A list of names and qualifications of the persons who will provide the training in each course including their education, training and experience.
- h. \_\_\_\_\_ An example of the written examination to be given in each course.
- i. \_\_\_\_\_ A list of tuition or other fees required.
- j. \_\_\_\_\_ A copy of the certification given to course participants upon completion of the course.
- k. \_\_\_\_\_ A list of student to instructor ratios to be maintained in hands-on and classroom training sessions.
- l. \_\_\_\_\_ A list of all states and federal agencies which have certified, accredited or given other forms of approval to the applicant to provide lead training, including the name, address and telephone number of the person, department, or agency giving such approval, and copies of all such written approvals received.
- m. \_\_\_\_\_ Copies of all notices of violation or other citations issued against the applicant or business concerning lead related work you performed in the two (2) years prior to the date of application by any government agency. Copies must clearly indicate the issuing agency or department, the date of issue, and nature of the notice or citation. Attach a brief statement outlining the final disposition of each notice or citation.

5. ADDITIONAL DOCUMENTATION REQUIREMENTS FOR MASSACHUSETTS CORPORATIONS, LLP'S & PARTNERSHIPS

a. With respect to the business named in paragraph 1 of this application:

*Corporations* - A copy of the Corporate Articles of Organization/Foreign Corporation Certificate (Annual Report if renewal) and Certificate of Good Standing issued by the Massachusetts Secretary of State.

*LLC's* - A Certificate of Organization (Annual report for renewal) and Certificate of Good Standing issued by the Massachusetts Secretary of State

*Sole Proprietorships* - A Business Certificate issued by the town the company is located in.

b. If applicant has employees it must provide evidence that they are covered under a current workers' compensation policy or self-insurance program. The Certificate of Insurance must include the assigned policy number, and list the Division of Occupational Safety as the certificate holder.

6. A money order or certified bank check, payable to the Commonwealth of Massachusetts, Division of Occupational Safety, in the amount of the entire annual fee of \$1,775.00 for initial or renewal certificate, or \$45.00 for a duplicate certificate. If the Director denies, revokes, suspends or refuses to renew a license for reasons specified in 454 CMR 22.04(2), the payment is not refundable.

## 7. PAYMENT OF TAX OBLIGATIONS & STATEMENT OF COMPLIANCE

I further state, under the pains and penalties of perjury, that this application is prepared in conformity with 454 CMR 22.00 and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

DATE \_\_\_\_\_

## 8. RENEWAL OF CERTIFICATION

(c) A money order or certified bank check, payable to the Commonwealth of Massachusetts, Division of Occupational Safety, in the amount of the entire annual fee of \$925.00. If the Director denies the certificate for reasons specified in 454 CMR 22.04(2), the payment is not refundable.

**FOR OFFICIAL USE ONLY**

	ITEMS APPROVED BY:		DATE:	
FEE RECEIVED				
WORKERS COMPENSATION				
NOTARIZED TAX STATEMENT				
ART OF ORG/ANNUAL REPORT				
COPIES OF ALL VIOLATIONS				
SERVICES APPROVED	Lead Contractor/Supervisor Initial		Lead Contractor/Supervisor Refresher	
	Lead Worker Initial		Lead Worker Refresher	
	Spanish Worker Initial		Spanish Worker Refresher	
	LeadSafe Renovator Worker Initial		LeadSafe Renovator Worker Refresher	
	LeadSafe Renovator Contractor/Supervisor Initial		LeadSafe Renovator Contractor/Supervisor Refresher	
APPL. COMPLETE - OK TO ISSUE				

**07/2003**